STATE OF IOWA Department of Education COMMODITY NON-DELIVERY DATES

This form must be completed by ALL facilities before FRIDAY, August 4, 2006.

INSTRUCTIONS: Plea	ase complete each section complete	ely. NOTE: Deliveries will be notified otherwis	e made during inclement weather, unless e.	
Fax or mail form to:	KECK, Inc. Attn: Jenni Arnold 320 SW 9 th Street Des Moines, IA 50309	Telephone Number: FAX Number:	(515) 244-5646 (515) 244-5252	
SECTION A: School I	nformation			
County/Agreement #:				
School:			City:	
Authorized Representa	tive:		Title:	
Telephone Number:			FAX:	
E-Mail Address:				
would interfere with cor for Keck to change de unavailable to accept to this form.	mmodity delivery. (Please remembe elivery dates and times once the	er to include Thanksgiving, Chr.	al events (conferences, Homecoming, etc) that istmas, and Spring Breaks) It is not possible ey need to be aware of ALL dates you are oution begins if you need to make changes	
	AUGUST		SEPTEMBER	
	OCTOBER		NOVEMBER	
DECEMBER			JANUARY	
	FEBRUARY		MARCH	
	APRIL		MAY	
Person(s) to contact i	f school is closed:	I		
Name/Title: Phone Number: Name: Phone Number:				
SECTION C: Delivery Our state contra	ct with KECK, Inc. provi		Ke deliveries anytime between FTER 4:00pm, please list them below.	
This si	ite can accept deliveries earlier tha	n 7:00a.m. Please indicate tin	ne:a.m.	
This fa	acility can accept deliveries later the	an 4:00p.m. Please indicate ti	me: p.m.	
Signature, Authorized S	School Representative		nm/dd/yy)	